

Case Number:	CM15-0041177		
Date Assigned:	03/11/2015	Date of Injury:	08/01/2013
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female who sustained a work related injury on August 1, 2013, incurring a right knee injury when she stumbled walking upstairs holding 16 metal food trays. She was diagnosed with lumbar degenerative disc disease, lateral meniscus tear of the right knee and micro fracture of the right knee and a ruptures patellar tendon. She underwent a meniscectomy, synovectomy and injection of the right knee in February 2014. Treatment included physical therapy, and home exercise program. Currently, the injured worker complained of persistent right knee pain with a flexion contracture requiring further surgery. Authorization was requested for physical therapy sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 sessions of physical therapy to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 38-year-old patient is status post right knee arthroscopic surgery on 02/03/14, as per progress report dated 07/28/14. The request is for 6 SESSIONS OF PHYSICAL THERAPY TO THE RIGHT KNEE. The RFA for the case is dated 02/11/15, and the patient's date of injury is 08/01/13. The patient has a flexion contracture but is pregnant. Hence, certain treatments and surgical intervention have been delayed, as per progress report dated 02/19/15. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient underwent right knee arthroscopic surgery on 02/03/14, and is not within the post-operative time frame. In progress report dated 02/19/15, the treating physician states that physical therapy helped the patient make progress with extension of right knee and "extend the knee by about 20 degrees," as per the same report. Although the reports, do not document the number of sessions completed in the past, the UR letter states that the patient has received 6 visits of therapy. The current request for 6 additional sessions, however, exceeds the total of 8-10 sessions allowed by MTUS in non-operative cases. Hence, the request IS NOT medically necessary.